



ORIGINAL

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

CASE NO: 04-10480-RGS

* * * * *
SILAS CALHOUN and EMILY CALHOUN,
INDIVIDUALLY AND AS PARENTS AND
NEXT FRIENDS OF ESTELLA CALHOUN,
Plaintiffs,
vs.

UNITED STATES OF AMERICA, ERIC C. DAUB, M.D.
AND MARIANNE SUTTON, M.D.,
Defendants.

* * * * *

DEPOSITION OF MARIANNE B. SUTTON, M.D., a
witness called on Behalf of the Plaintiffs, taken
pursuant to provisions of the Federal Rules of
Civil Procedure, before Marsha S. Gerber, RPR, CSR
No. 111793, and Notary Public in and for the
Commonwealth of Massachusetts, at the offices of
Sugarman, Rogers, Barshak & Cohen, P.C., 101 Merrimac
Street, Boston, Massachusetts, on Wednesday, May 25,
2005, commencing at 10:10 a.m.

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1 the primary care physician needs to call me to
2 tell me about the patient; otherwise -- that's
3 your way in the door.

4 Q As you're sitting here today do you actually
5 remember the telephone call or are you just
6 saying that that would have been standard
7 procedure so that is --

8 A Yes, I remember the telephone call and, yes,
9 it is standard procedure.

10 Q Okay. So the items that you list here, CBC,
11 electrolytes, blood cultures, bilirubin, Emla
12 to IV sites, these are all orders that you
13 made at the time of admission of Estella?

14 A These are orders that were ordered at 12:50
15 when the child arrived. Correct.

16 Q Okay.

17 A These were the initial bloods that were
18 ordered when blood was obtained on the child.
19 That is correct.

20 Q What else do you recall, and again you can
21 look at your notes, about your first encounter
22 with Estella on that day, March 3rd?

23 A I recall that she was extremely ill. This is
24 a very unusual case by the severity of the

1 child's illness. The child had lost a kilo in
2 weight. She was severely dehydrated. She had
3 been feeding poorly. Mother had been
4 attempting to breast feed. She had been
5 feeding poorly. The child had not had any
6 stool for four days. The child was sleepy.
7 Her skin was very yellow. She had had very
8 few wet diapers.

9 And on examination she appeared
10 jaundice. Her anterior fontanel, which is her
11 soft spot, was very sunken. Her lips were
12 very dry. And her skin turgor, which is how
13 moisture skin feels, was significantly
14 decreased, and she was markedly dehydrated
15 even on just physical examination.

16 I explained this to the mother,
17 who understood that Estella was very sick.
18 Explained what needed to be done and that
19 Estella needed I.V. fluids and those labs that
20 were ordered.

21 Q As we're sitting here today do you actually
22 have a memory of this conversation and this
23 encounter?

24 A Yes. I have a very clear memory of exactly

1 high risk condition for a child?

2 A Yes.

3 Q And why is that?

4 A Because it needs to be treated carefully and
5 monitored closely. And...

6 Q And anything else?

7 A Nope.

8 Q All right. If -- what conditions can it lead
9 to? What are the sequela or the complications
10 of hypernatremic dehydration?

11 A Umm.

12 MR. GREENBERG: Generally
13 speaking, Doctor, is what he's asking.

14 Do you have the question in
15 mind?

16 THE WITNESS: I'm just trying to
17 think of how I want to formulate something.

18 A Umm. It's known to put a baby at risk for
19 both either an intravascular bleed or
20 thromboses, which is why the infant needs to be
21 monitored for these conditions.

22 Q Did you explain that, by the way, to
23 Mrs. Calhoun?

24 A Yes, I did.

1 condition where your -- you have swelled. I
2 mean, this is akin to not feeding someone for
3 two weeks and then refeeding them. I mean,
4 this is a baby who was not fed for a week.

5 Q All right. But my question is, is it --
6 you're saying -- are you saying it's the
7 hypernatremia -- I'm using these terms
8 interchangeably, aren't I? I mean, we're
9 talking about hypernatremic dehydration;
10 correct?

11 A (No response.)

12 Q Correct?

13 A Yes.

14 Q All right. So --

15 A I guess my answer to your question --

16 MR. GREENBERG: I think the
17 question is, correct me if I'm wrong, Michael,
18 is Mr. Appel wants to know if it's the
19 hypernatremic dehydration in and of itself
20 that causes the intravascular bleed or whether
21 it's the fluid replacement that causes the
22 intravascular bleed. So if you can just
23 address that question, Doctor.

24 A My answer is I don't think that question can